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Designing a SAARC-wide Vaccine-sharing Protocol: lessons from COVID-19

Introduction:

The International Committee on Taxonomy of Viruses (ICTV) announced 'severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)' as the new name of the previously known 2019 novel coronavirus or COVID-19 on 11 February 2020. This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003 (World Health Organization, n.d.). Cases of novel coronavirus (nCoV) were first detected in China in December 2019, with the virus spreading rapidly to other countries across the world. This led WHO to declare a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and to characterize the outbreak as a pandemic on 11 March 2020 (World Health Organization, n.d.). At present, there are no exact or standard antiviral therapies/treatments available to cure COVID-19 (Kolifarhood et al., 2020). According to Siordia (2020), COVID-19 is a directly transmissible infection via respiratory (aerosol), droplets, orofecal, and fomite routes. Till now, more than 220 countries around the world have been infected by the novel coronavirus. Until 4th May 2025, according to the World Health Organization, globally 777,751,597 confirmed cases have been reported with a death count of 7,095,536 (World Health Organization, 2025).[1] And in the case of South East Asia, until 27th April 2025, the South-East Asia region has confirmed 61,332,920 cases while the death count is nearly 808,873 (World Health Organization, 2025).[2]

Nearly 3.36 billion COVID-19 vaccine doses have been administered in the South-East Asia Region. On 13th January, 2021, the first COVID-19 vaccine product was introduced in South-East Asia, and on 16th January 2021, India launched its first COVID-19 vaccine, and sanitation worker "Manish Kumar" became the first person to get vaccinated against coronavirus disease in India (World Health Organization, 2021).[3] Until 31st December 2023, 70% of the total population vaccinated with a complete primary series of the COVID-19 vaccine in South-East Asia (World

[1] The mentioned data was accessed and used from the World Health Organization's official website on May 4th, 2025.
[2] The mentioned data was accessed and used from the World Health Organization's official website on 27th April, 2025.
[3] This data was retrieved from the World Health Organization's official website in May 2025. Which was originally published on the website on 16 January 2021.

Health Organization, 2023). 77% or 1,529,573,969 persons vaccinated with at least one dose of COVID-19 vaccine in South-East Asia, 31 December 2023(World Health Organization, 2023). Unlike other Western regional bodies, the South Asian Association for Regional Cooperation (SAARC) doesn't have any formal, well-organized, or active Emergency management council. On March 15, 2020, Narendra Modi, Prime Minister of India, called upon SAARC leaders to work collectively to fight against the spread of the pandemic in the region (South Asian Association for Regional Cooperation, 2020).In this conference, the prime minister of India also proposed the creation of a COVID-19 Emergency Fund and pledged an amount of 10 million US$ as an initial contribution from India (South Asian Association for Regional Cooperation, 2020).[4] After a few months, India launched one of the most crucial humanitarian initiatives called 'Vaccine Maitri' on 20th January 2021. In this era, India delivered thousands and crores of vaccines to the world, notably to its neighboring countries and the SAARC region. Until June 15, 2023, India delivered 280.828 lakh vaccine to Bangladesh, 212.000 lakh vaccine to Myanmar, 94.990 lakh to Nepal, 5.500 lakh to Bhutan, 3.120 lakh to Maldives, 12.640 lakh to Sri Lanka, 70.000 lakh to Morocco, 14.680 lakh to Afghanistan, 5.000 lakh to Ukraine, 1.250 lakh to UN Health Workers, 98.020 lakh to Nigeria, 28.440 lakh to Sudan, 50.000 lakh to UK, 11.250 lakh to Iran, 309.132 lakh to Australia, 80.000 lakh to USA and a shocking amount of 1136.217 lakh vaccine to Netherlands and if we calculate all the numbers of vaccines that are shared from India, that'd be 3012.456 lakh of total supply (Ministry of External Affairs, Government of India, 2023). The objective of the study is to explore the political, institutional, and logistical barriers that hindered vaccine-sharing among SAARC countries during COVID-19. To highlight the difference between bilateral vaccine distribution compared to a hypothetical SAARC-wide approach using the example of Nepal, Bhutan, and Bangladesh. To explore how the regional cooperation mechanism can help pandemic preparedness.

[4] This data was retrieved from the SAARC's official website, press release section. The mentioned video conference was held on 15 March 2020 and published on SAARC's website on 16 March 2020.

Methodology:

This study, based on a qualitative research design, focused on secondary data analysis to develop a SAARC-wide vaccine-sharing protocol.

Research Design:

The study adopted a descriptive and analytical approach, thoroughly reviewing existing literature and official documents. This helped for a deep understanding of challenges and opportunities in vaccine-sharing during the pandemic.

Data Source and Collection:

All the data was sourced from credible secondary sources. These included:

- Official reports from international organizations: WHO, UNICEF, SAARC documents on COVID-19.
- Academic literature; peer-reviewed journal articles and research papers on vaccine nationalism, global health governance, diplomacy, etc.
- Government reports: National policies from SAARC member states, the Indian govt. Reports.
- Reputable news archives.

Ethical consideration:

As this study only used publicly available secondary data, ethical approval was not required for primary data collection. Proper citation and adherence to academic integrity were maintained throughout the research.

A Brief Outline of SAARC:

The South Asian Association for Regional Cooperation was established on 8th December 1985, It is headquartered in Kathmandu, Nepal (South Asian Association for Regional Cooperation, 2020). Currently, SAARC comprises eight member states. These are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. On April 3, 2007, the Heads of State or

Government welcomed the new entry of the Islamic Republic of Afghanistan into SAARC at the 14th SAARC summit in New Delhi (South Asian Association for Regional Cooperation, 2007, p. 1). The very first proposal for establishing a framework for regional integration in South Asia was made by the late president of Bangladesh, Ziaur Rahman, on May 2, 1980 (Shaheen, 2013). According to the SAARC Charter (2020), 'the Association's objectives are to: improve the welfare and quality of life of the peoples of South Asia; accelerate regional economic, social, and cultural development; provide all the opportunity to live with dignity and reach their full potential; foster and strengthen collective self-reliance among South Asian nations; promote mutual trust, understanding, and appreciation of one another's problems; foster active collaboration and mutual assistance in the fields of economics, social issues, culture, technology, and science; promote cooperation with other developing nations; and foster cooperation among themselves in international forums on issues of shared interest. SAARC's Article I deals with its Objectives, Article II deals with Principles, Article III - Meetings of the Heads of State or Government, Article IV - Councils of Ministers, Article V – Standing Committee, Article VI – Technical Committees, Article VII – Action Committees, Article VIII – Secretariat, Article IX – Financial Arrangements, and Article X – General Provisions'. SAARC has tried to implement some amazing agreements and polices, in which India played a very crucial and huge role as usual, such as -

- Agreement On Establishing the SAARC Food Bank [5]:

Table 1 Food Bank Agreement of SAARC (Adapted from "Agreement on establishing the SAARC Food Bank", SAARC)

THE SAARC FOOD BANK (South Asian Association for Regional Cooperation, 2007) Assessed Shares of Food Grains for the Reserve (In Metric Tons)	
India	1,53,200
Pakistan	40,000
Nepal	4,000
Bhutan	180
Bangladesh	40,000

[5] South Asian Association for Regional Cooperation. (2007, April 3). Agreement on establishing the SAARC Food Bank [PDF]. SAARC Secretariat. Retrieved May 20, 2025, and it was posted on SAARC's website on 27 July 2020.

Maldives	200
Afghanistan	----
Sri-Lanka	4,000
Total: 2,41,580	

- Additional Protocol to the SAARC Regional Convention on Suppression of Terrorism.
- SAARC Convention on preventing and combating trafficking in Women and Children for Prostitution.
- Agreement for Establishment of South Asian Universities.
- Agreement on South Asian Free Trade Area (SAFTA).
- SAARC Agreement on Rapid Response to Natural Disaster.

India's Unforgettable Role in COVID-19:

India has a very long and prestigious history of involvement in global humanitarian crises. India also played a very important role in UN Peacekeeping in contemporary times, and a very prominent figure in SAARC as well as in Asia. In recent years, India has positioned itself as a "first-responder" to regional humanitarian crises and taken the lead in managing emergency situations under its Neighborhood First policy. When a 7.9 magnitude earthquake struck neighboring Nepal in 2015, New Delhi was the first to send relief teams and aid (Hindustan Times, 2015). It has also been the first responder in other disasters that have struck Indian Ocean littoral states and islands. In 2017, India was the first to respond to the devastating cyclone more that hit Sri Lanka and Bangladesh (Yhome, 2020). On 15 March 2020, SAARC Leaders held a video call to discuss measures to contain the spread of COVID-19 in the region (South Asian Association for Regional Cooperation, 2020). Later in this meeting, Narendra Modi, Prime Minister of India, proposed the Video Conference and delivered the opening remarks. He called upon SAARC Leaders to work collectively to fight the spread of the pandemic in the region. He said that all Member States must prepare, act, and succeed together. The Prime Minister also proposed the creation of a COVID-19 Emergency Fund with voluntary contributions from all Member States, and pledged an amount of

US$ 10 million as an initial contribution from India (South Asian Association for Regional Cooperation, 2020). India started its humanitarian initiative "Vaccine Maitri" on 20th January 2021, eventually supplying over 3012.465 lakhs vaccines worldwide ("Supplies so far," Ministry of External Affairs, Government of India, 2023). India has supplied COVID-19-related medical and other assistance to over 150 countries since the beginning of the COVID-19 pandemic (Press Information Bureau, 2021). India's Covaxin and later Covishield played a huge role in it.

"On 16 January 2021, the Prime Minister, Shri Narendra Modi, launched the pan-India rollout of the COVID-19 vaccination drive via video conferencing. This was the world's largest vaccination program covering the entire length and breadth of the country. A total of 3006 session sites across all States and UTs were virtually connected during the launch." Recalling the initial days of the crisis. Two weeks before the first case detected in India, which was detected on 30th January 2020, India had formed a High-Level Committee. India started proper surveillance. On 17th January 2020, India issued its first advisory, and India was among the first nations to start screening of passengers at the airports (Press Information Bureau, 2021). Our former union health minister, Dr. Harsh Vardhan, nominated by the Global Alliance for Vaccines and Immunisation (GAVI) as a member on the GAVI Board, Dr. Harsh Vardhan represented the South East Area Regional Office (SEARO)/Western Pacific Regional Office (WPRO) constituency on the GAVI Board. The seat had previously been held by Mr. Myint Htwe of Myanmar. Dr. Harsh Vardhan represented India from 1st January 2021 until 31st December 2023 (Press Information Bureau, 2020). Since its establishment in 2000 with a mission to save lives, reduce poverty, and protect the world against the threat of epidemics and pandemics, Gavi has helped vaccinate more than 1.1 billion children in 78 countries by the end of 2023, averting more than 18.8 million future deaths (Gavi, n.d.). On 4th May 2020, Intervention by the Prime Minister at Video Conference of NAM Contact Group in response to COVID-19 (Ministry of External Affairs, Government of India, 2020). On 13th May 2020, Prime Minister's Citizen Assistance and Relief in Emergency Situations (PM CARES) fund allocated ₹3100 Crore to fight against the pandemic, i.e., COVID-19. Out of ₹3100 crore, about ₹2000 crore was set aside to buy ventilators, ₹1000 crore was used to help migrant workers, and ₹100 crore was given to support the development of vaccines (Press Information Bureau, 2020). Some significant initiatives led by the Indian government were "Ek Bharat Srestha Bharat" (Press Information Bureau, 2024), The Government of India (GOI) has launched "Mission COVID Suraksha" (Press Information Bureau, 2020), "Partnerships for Advancing Clinical Trials" (PACT)

(National Institute of Allergy and Infectious Diseases, n.d.), "Mission COVID Suraksha - The Indian COVID-19 Vaccine Development Mission" (Press Information Bureau, 2020), "The government launched a dedicated vaccine portal and national clinical registry of COVID-19" (Indian Council of Medical Research, 2020).

Current Cases of COVID-19: As on 31 May 2025, Active cases of COVID-19 are 3395, And Discharged 1435. Recently (30th May, 2025), 4 death cases have been found, one in Delhi, one in UP, one in Karnataka, and one in Kerala (Ministry of Health and Family Welfare, Government of India, 2025).[6]

States/UTs wise Covid-19 Data :6th May 2023 to 31st December 2024 (till week-52) –

Total cases including foreigners: 76096, Discharged/ Cured/Migrated: 105352, Total death count: 2002 (Ministry of Health and Family Welfare, Government of India, n.d.).

Bilateral Initiatives in South Asia:

India's Vaccine Maitri:

India started its vaccine Maitri on 20 January 2021 and sent over millions of vaccines worldwide (Ministry of External Affairs, Government of India, 2021). India follows its 'Neighborhood First Policy' and initially sent vaccines to its close and friendly neighboring countries, like Nepal, Bhutan, Bangladesh, Sri Lanka…

On 20 January 2021, India sent over 1.5 million doses of vaccine to Bhutan as India's first gift to its neighbor. On 21 January, India sent over 1 million doses of vaccine to Nepal as a gift or assistance. India gifts 2 million Oxford-AstraZeneca or Covishield doses to Bangladesh on 21 January 2021. Myanmar received 1.5 million doses from India as a gift on 22 January 2021. On 28 January 2021, India sent over 500,000 vaccines to Sri Lanka as a gift (Ministry of External Affairs, Government of India, n.d.). According to Indian government officials, apart from China, Pakistan has also not requested vaccine help from India; that's why India gifts vaccines to its neighboring countries except Pakistan and China (Ministry of External Affairs, Government of India, n.d., p. 37).

[6] The mentioned data was retrieved from the official website of the Ministry of Health and Family Welfare, Government of India, from 30-31 May, 2025.

Political Mistrust between India and Pakistan:

The political mistrust between Pakistan and India has a long history, starting from their partition in 1947 and the unresolved dispute over Kashmir. Exactly after independence, Pakistan and India were involved in a war over the Kashmir region (1947-48). From 1947 to 2010, both countries fought three wars: 1948, 1965, and 1971 (East Pakistan Debacle) (Swami, 2006). Apart from the militaristic conflict of Kargil in 1999, when both were nuclear powers, each country accused the other of sponsoring insurgency within its borders: India believed Pakistan supported militancy in Kashmir, while Pakistan suspected India of encouraging separatist movements (e.g., in Balochistan). Efforts under SAARC summits occasionally provided a neutral platform for limited cooperation (e.g., opening bus routes across the Line of Control in 2005) (Jabeen et al., 2010). But constant terror attacks on India by Pakistan have made situation worsen although Pakistan never accepted that, India has faced so many terror incidents, like, December 2001 Indian Parliament Attack, March 2003: Mumbai Serial Blasts (Gateway of India, Zaveri Bazaar), May 2006: Mumbai Suburban Train Bombings, November 2008: Mumbai "26/11" Attacks, January 2016: Pathankot Air Force Station Attack, September 2016: Uri Surgical Strike Trigger (Uri Attack), February 2019: Pulwama Suicide Bombing, and most recent tragic Pahalgam terror attack on Indian Hindu tourist has made a deep impact on contemporary relations. Also growing diplomatic friendship between Pakistan and China and the China-Pakistan Economic Corridor (CPEC) also a growing concerning factor between the diplomatic and political relations between India and Pakistan.

Fear of Indian Domination:

Another important reason for SAARC's failure is that there is an ingrained fear of India's hegemonic role in the region. India's desire to participate in the decision-making process of the region as a leader has caused concerns among the neighboring countries, particularly Pakistan, Sri Lanka, and Bangladesh. The political, diplomatic, and security concerns felt by the member countries of SAARC in South Asia have obstructed any positive development among the member countries (Shaheen, 2013).

Recommendations

Amend the SAARC Charter to Create a Binding Health Protocol: Currently, SAARC's Charter of 1985 doesn't have any legally enforceable mandate. The Charter should be amended to establish a SAARC-wide Health Protocol with clear clauses on pooled procurement, allocation principles, and dispute resolution mechanisms, so that in times of political mistrust and emergency situations, everything can be handled without much hassle.

SAARC Vaccine Procurement Consortium (SVPC) with a Dedicated Emergency Fund: We saw in our past that Vaccine Maitri and COVAX distribution in a bilateral approach leaves smaller states vulnerable when a major supplier (e.g., India) pauses export. If we successfully create a SVPC that'd help to pool financial resources - member contributions scaled by GDP—into a SAARC Health Fund (SHF) dedicated solely to vaccine procurement and related supplies.

Establish Interoperable "SAARC Cold-Chain Corridors" (SCCCs): One major failure during COVID-19 is our fragmented cold-chain logistics: vaccines shipped from India to Nepal or Bangladesh often experienced spoilage, damage, or customs delays because there was no standardized transit protocol across borders. If we can make some well-organized "cold-chain corridors" with WHO-certified cold rooms at border posts, harmonized customs documentation, real-time temperature monitoring, and also GPS tracking system would reduce losses.

Develop a Unified Digital Vaccine Management System (SVMS): During COVID-19 pandemic, India's CoWIN platform effectively tracked domestic vaccine stocks, but it was not interoperable with neighboring countries' systems. A regional SVMS, hosted on a secure SAARC cloud, would provide real-time inventory data, shipment tracking (including cold-chain status), and aggregated adverse-event monitoring across member states. Interoperability APIs would allow existing national platforms (CoWIN, DHIS2, etc.) to feed data into the SVMS, giving SAARC officials an accurate, up-to-the-minute view of cross-border flows. This draws on lessons from the EU's InfAct project, which promoted harmonized health data standards; adopting a common data model can help South Asia avoid duplicate reporting and build trust through transparency.

Set Up a Regional Rapid-Response Health Task Force: Emergencies spread very rapidly, so SAARC should establish a Rapid-Response Health Task Force—a multidisciplinary team of epidemiologists, logistics experts, cold-chain technicians, and legal advisors from all its member states—on standby to deploy within 48 hours to any member nation facing a surge or supply interruption.

Conclusion:

The COVID-19 pandemic showed us South Asia's vulnerability and fragmented vaccine distribution mechanism. Our analysis has shown that this absence of a formal protocol gave rise to a host of interlinked challenges: governance gaps rooted in SAARC's nonbinding Charter, logistical fragmentation stemming from uncoordinated cold-chain corridors, regulatory misalignment across national emergency-use approval processes, and systemic equity deficits that left marginalized communities and frontline women health workers at risk of being overlooked. By systematically cataloguing these deficiencies, this study has underscored the urgent need for a comprehensive, regionally owned solution. In response, we have proposed a five-pillar SAARC Vaccine-Sharing Protocol, each pillar directly addressing the shortcomings identified. Establishing a legally enforceable SAARC Health Protocol and a dedicated Vaccine Procurement Consortium (SVPC) ensures that pooled procurement and funding can proceed without recourse to ad-hoc, bilateral arrangements. Formalizing interoperable "Cold-Chain Corridors" and a shared digital Vaccine Management System (SVMS) rectifies the logistical and transparency deficits that previously prevented real-time coordination. Together, these components create a resilient infrastructure capable of rapid activation during future health emergencies. Implementation of this protocol will require political will, sustained financial contributions, and confidence-building among member states. Yet, the benefits of such a cooperative mechanism extend far beyond vaccine distribution alone. By establishing trust, data sharing, and joint decision-making, SAARC can rebuild its collective identity, strengthen health security, and foster goodwill that transcends existing geopolitical fault lines.

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